

UNCHED
IFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

1143

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

812

CE OF DEATH
AND
L RESIDENCE

ECEDENT
PERSONAL
DATA

CAUSE
OF
DEATH
ITEM 18)

ERATIONS,
UTOPSY

MEDICAL
IFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

RONER'S
IFICATION

JNERAL
RECTOR
AND
SISTRAR

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 22 yrs IN ARIZONA 22 yrs		2. USUAL RESIDENCE A. STATE Arizona	
C. CITY OR TOWN Phoenix		D. FULL NAME OF DECEASED (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 3607 E. Van Buren St.		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (TYPE OR PRINT) Eva		A. (FIRST) M.		B. (MIDDLE) EWING	
6B. NAME OF SPOUSE John S.		7. DATE OF BIRTH MONTH June DAY 2 YEAR 1875		8. AGE (IN YEARS) LAST BIRTHDAY 85	
9B. KIND OF BUSINESS OR INDUSTRY At home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois		11. CITIZEN OF WHAT COUNTRY? USA	
14A. FATHER'S NAME John W. STARK		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown		15A. MOTHER'S MAIDEN NAME Mary Jane COOPER	
16. INFORMANT'S SIGNATURE Mrs. Olivia SHRYOCK 3607 E. Van Buren St., Phoenix, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) February 28, 1961		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Renal failure, acute 2. ANTECEDENT CAUSES: (B) Circulatory insufficiency to kidneys 3. MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST: (C) Arteriosclerosis 4. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Arteriosclerotic heart dis.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov. 51 TO Feb. 28 19 61 THAT I LAST SAW THE DECEASED ALIVE ON Feb. 28 19 61 AND THAT DEATH OCCURRED AT 1:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE Ben D. Dwyer (DEGREE OR TITLE) M.D.		22B. ADDRESS 550 W. Thomas Road	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 3-4-61		25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona		26A. DATE REC. BY LOCAL REG. 3/4/61		26B. REGISTRAR'S SIGNATURE Robert E. Fitzgerald	
26C. FUNERAL DIRECTOR'S SIGNATURE Robert E. Fitzgerald		26D. ADDRESS Grimshaw Mortuary		26E. EMBALMER'S SIGNATURE Mred E. Warren	
26F. EMBALMER'S CERT. NO. 227					